MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09546

Reg. Dist. No. 357

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Snow Hill Rural #2
LENGTH OF STAY (in this place): 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) Ayres

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: Feb. 6-1886

9. AGE last birthday: 67-7-4 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Snow Hill Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Ayres

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Jennie Ayres Snow Hill Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Cardiovascular disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Partial Left Hemiplegia — 1 wk

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to Sept. 20, 1953, that I last saw the deceased alive on Sept. 18, 1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE Rev. R. LaMar (DEGREE OR TITLE) M.D. ADDRESS Snow Hill — DATE SIGNED 9-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept. 23/53 — NAME OF CEMETERY OR CREMATORY: Taylor Lake — LOCATION (City, town, or county) Snow Hill — (State) Md

DATE REC'D BY LOCAL REG. 9-23-53 — REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR Elias Timmons — ADDRESS Snow Hill Md

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09547

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill X LENGTH OF STAY (in this place) Few Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. Cohen's Office X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bore - Iron X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Betty (Middle) Lou (Last) Chatham

4. DATE OF DEATH (Month) Sept (Day) 30 (Year) 1953

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH Aug 4th 53

9. AGE last birthday yrs. If under 1 year Months 1 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Frank C. Chatham

14. MOTHER'S MAIDEN NAME Sallie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Frank C. Chatham Father Child

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

773.0 Immediate cause (a) Ill defined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital debility

(c) Forced birth - Eclamptic mother

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. N. E. Sartorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 9/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Crisdale DATE THEREOF Oct. 1/53 NAME OF CEMETERY OR CREMATORY Turner Davis Farms LOCATION (City, town, or county) Guidelines Rural Hill (State) Md

DATE REC'D BY LOCAL REG. 10/1/53 REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR Alley C. Dennis, Snow Hill ADDRESS Md

2083275384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09548

CERTIFICATE OF DEATH

Reg. Dist. No. 350

M

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 39
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 39
STREET ADDRESS (If rural give location): Unionville

3. NAME OF DECEASED: (Type or Print) (First) HESTER (Middle) (Last) DENNIS

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 7, 1888

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schoolfield

14. MOTHER'S MAIDEN NAME: Susan Boston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Andrew Dennis, Pocomoke, Md.

4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Arterio - Sclerotic Cond. Vasc. Dis. — 3-4 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Anemia — 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19..., to 9/5, 1953 that I last saw the deceased alive on 9/5, 1953 and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Louis J. Llewelyn, M.D. — Pocomoke City — 9/8/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-10-53 — NAME OF CEMETERY OR CREMATORY: Unionville Methodist — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 10, 1953 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR — ADDRESS: Henry H Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09549

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pocomoke — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parker Field Baseball Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield — 18-32-2
STREET ADDRESS (If rural give location) Chesapeake Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) JAMES (Last) LANDON

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~MARRIED~~ Widowed

8. DATE OF BIRTH: March 17, 1888

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Robert L. Landon - Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (420.1)	(a) Coronary Occlusion	10 Minutes
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Coronary Artery Disease	8 Months
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Sept. 6, 1953, to Sept 6, 1953, that I last saw the deceased alive on Sept. 6, 1953, and that death occurred at 2.30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles W. Trader MD		Pocomoke City Md	Sept. 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** Sept. 8, 1953 — **NAME OF CEMETERY OR CREMATORY** Sunnyside Cemetery — **LOCATION** (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 7, 1953 — **REGISTRAR'S SIGNATURE** Anne C. White — **24. FUNERAL DIRECTOR** Bradshaw Funeral Parlors — **ADDRESS** 537 Main St. - Crisfield, Md.

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09550

CERTIFICATE OF DEATH

Reg. Dist. No. 355

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY RF.D
LENGTH OF STAY (in this place) 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WOR.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY X
STREET ADDRESS (If rural give location) RFD.

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) (Last) JESSIE LAYTON

4. DATE OF DEATH: (Month) (Day) (Year) SEPT. 18 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: MAR. 1, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: PAINTER
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE PAINTING
11. BIRTHPLACE (State or foreign country): BERLIN, MD RFD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID LAYTON
14. MOTHER'S MAIDEN NAME: NARCISSA TRUITT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. JESSIE LAYTON, OCEAN CITY, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 20 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Trans versical rectual Delatation — 2 wks

19a. DATE OF OPERATION: 4 Sept 53
19b. MAJOR FINDINGS OF OPERATION: Rectual structure
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept, 1953, to 18 Sept, 1953, that I last saw the deceased alive on 18 Sept, 1953, and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE W. R. Thomas (Degree or title) M.D. ADDRESS Ocean City, Md DATE SIGNED 19 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF SEPT 21, 1953
NAME OF CEMETERY OR CREMATORY EVERGREEN
LOCATION (City, town, or county) (State) BERLIN, MD

DATE REC'D BY LOCAL REGISTRAR 9-21-53
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna B Burbage ADDRESS Berlin Md

VS. A15

T

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09551

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Berlin X
LENGTH OF STAY (in this place) 26 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural give location) R. F. D. Libertytown

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Jane (Last) Martin

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Nov. 9, 1855

9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Stouts Mills W. Va

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Perry Stout

14. MOTHER'S MAIDEN NAME: Christina Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mr. Roy Martin, Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X

Immediate cause (a) Chronic Myocarditis, & Cesicles

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Nephritis

DUE TO (c) Age

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1953, to 9-20, 1953, that I last saw the deceased alive on 9-20, 1953, and that death occurred at 9.20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. Lore ADDRESS Berlin Md DATE SIGNED Sept. 21-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/22/53 NAME OF CEMETERY OR CREMATORY Riverside LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-22-53 REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md.

RECEIVED
SEP 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09552

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke X
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS on the road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parksley V43-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) S. (Last) Powell
4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1953

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb 2-196
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Virginia 43
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Sharrow
14. MOTHER'S MAIDEN NAME Annie Bonneville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 3 (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 228-18-2458
17. INFORMANT AND ADDRESS Mrs Ruth Badger - Va - R2D Cape Charles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

824X Immediate cause (a) Internal Hemorrhages - Ruptured Spleen & Nearly all ribs fractured.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hit from moving automobile

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Blow on Head - before above accident

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road
(CITY OR TOWN) Rural (COUNTY) Pocomoke (STATE) Worcester Md
TIME OF INJURY (Month) Sept (Day) 6 (Year) 1953 (Hour) A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Deceased, left the fast moving automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE Dr. T. E. Sartorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 9/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-8-53
NAME OF CEMETERY OR CREMATORY Cape Charles Cemetery
LOCATION (City, town, or county) Cape Charles, Va. (State)

DATE REC'D BY LOCAL REG. Sept. 9 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 11 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09553

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY: Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location): Collins

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) Tuenn (Last) Pruitt
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb 18th 1909
9. AGE last birthday: 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dynamite helper
10b. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (State or foreign country): Good Will Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George O. Pruitt
14. MOTHER'S MAIDEN NAME: Sadie O. Blades
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Wood War
16. SOCIAL SECURITY NO.: 207-03-2396
17. INFORMANT AND ADDRESS: Sadie O. Pruitt - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary disease

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) A. attack by digestion

(c) Too much hard work.

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. W. E. Sartorius (Degree or title) Dep. Med. Examiner ADDRESS: Ocean City Md DATE SIGNED: 9/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 21/53
NAME OF CEMETERY OR CREMATORY: Beth Oden
LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: 9/21/53
REGISTRAR'S SIGNATURE: LeRoy Smith
24. FUNERAL DIRECTOR: Abby O. Dennis ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 28 1953
BUREAU V. S.

09554

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
LENGTH OF STAY (in this place) X Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS J. M. Pilchard farm X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
STREET ADDRESS (If rural, give location) Route XX 3

3. NAME OF DECEASED (Type or Print) (First) Wallace (Middle) Henry (Last) Thomas
4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 4 1922
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Timber Cutter
10b. KIND OF BUSINESS OR INDUSTRY Forest
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY N.S.A.
13. FATHER'S NAME Ed. W. Thomas
14. MOTHER'S MAIDEN NAME Edna M Corbin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 218-16-7375
17. INFORMANT AND ADDRESS Ed. W Thomas - Pocomoke City Md R2D X3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974X

Immediate cause (a) Suicide by Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Half hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Mania

(c) Alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) 9 (Day) 6 (Year) 53 (Hour) 2:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hung himself with a rope around neck

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐

SIGNATURE Dr N. E. Antonius (Degree or title) Dep Mad Exam ADDRESS Pocomoke City, Md DATE SIGNED 9/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-9-53
NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. Sept. 8, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 10 1953
BUREAU V. S